

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known		
				Application Number	09/700,851	
				Filing Date	November 17, 2000	
				First Named Inventor	Matsumoto, Yoh-Ichi	
				Art Unit	1645	
Examiner Name	Rodney P. Swartz					
Attorney Docket Number	019026-000110US					
Sheet	1	of	1			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AA	CA	2,078,716		03-22-1994	Mount Sinai Hospital Corporation		<input type="checkbox"/>
	AB	CA	2,163,716		05-25-1997	Lingwood et al.		<input type="checkbox"/>
	AC	ES	2183144	T3	03-16-2003	Karch et al.	See translation of EP0941251 B1	<input type="checkbox"/>
	AD	PCT	WO95/22349	A1	08-24-1995	Lingwood et al.		<input type="checkbox"/>
	AE	PCT	WO96/28731	A1	09-19-1996	Board of Regents Uniformed Services University of The Health Sciences		<input type="checkbox"/>
	AF	PCT	WO96/30043	A1	10-03-1996	Ophidian Pharmaceuticals		<input type="checkbox"/>

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.